

## SCHOLARSHIP APPLICATION

### Church Interpreter Training Institute

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

#### Church Denomination

<input type="checkbox"/> Lutheran LCMS	<input type="checkbox"/> Episcopal	<input type="checkbox"/> Nazarene
<input type="checkbox"/> LCMS District _____	<input type="checkbox"/> Presbyterian _____	<input type="checkbox"/> Mennonite
<input type="checkbox"/> Lutheran WELS	<input type="checkbox"/> Methodist _____	<input type="checkbox"/> Church of Christ
<input type="checkbox"/> Lutheran ELCA	<input type="checkbox"/> Baptist _____	<input type="checkbox"/> Wesleyan
<input type="checkbox"/> Lutheran _____	<input type="checkbox"/> Assembly of God	<input type="checkbox"/> Non-denominational
<input type="checkbox"/> Roman Catholic	<input type="checkbox"/> Pentecostal _____	_____
<input type="checkbox"/> Orthodox _____		

**I am working in deaf ministry now.**  
 Name & phone of reference \_\_\_\_\_

**My home congregation has a deaf ministry.**  
 Name & phone of Pastor. \_\_\_\_\_

**My congregation wants to start a deaf ministry**  
 Name & phone of Pastor. \_\_\_\_\_

**I hope some day I will find a church to do deaf ministry.**

**I am working with a deaf congregation.**  
 Name & phone of Pastor. \_\_\_\_\_

### The Cost of CITI for 2019 Program is \$350.00 (Resident) or \$200 (Commuter)

\_\_\_\_\_ I request that I be considered for a scholarship from CITI to help pay the cost.

My congregation can support me with	\$ _____.
My District can support me with	\$ _____.
The LWML or Women's guild has given	\$ _____.
Thrivent	\$ _____.
_____ Mission Society	\$ _____.
Friends and family	\$ _____.
Other \$ help _____	\$ _____.
Other \$ help _____	\$ _____.
I can pay for my self	\$ _____.
<b>Cost for CITI</b>	<b>\$ 350 / \$200</b>
REQUESTED AMOUNT OF SCHOLARSHIP	\$ _____.
Cost of flight or travel to CITI round trip	\$ _____.

The CITI program is to promote Deaf Ministry. We like to see people raise as much as possible for their CITI experience.

Call 260-452-2283    Email [CITI@ctsfw.edu](mailto:CITI@ctsfw.edu)